

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-030421

FILED VS. SEP 12 1960

149

Primary Registration District No. **1002** Registrar's No. **4409**

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jackson				
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in lb 6 1/2 yrs		c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Bennett Manor			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 2527 Van Brunt		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First KATHRYN Middle E. Last BALLING				4. DATE OF DEATH Month 8 Day 26 Year 60				
5. SEX Fe		6. COLOR OR RACE Wh		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 6-5-1878		
9. AGE (last birthday) 82		IF UNDER 1 YEAR Months 82 Days 0 Hours 0 Min. 0		IF UNDER 24 HR Months 0 Days 0 Hours 0 Min. 0				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Bookkeeper & Steno.				10b. KIND OF BUSINESS OR INDUSTRY Fire Insurance		11. BIRTHPLACE (City and state or country) Kansas City, Mo.		
12. CITIZEN OF WHAT COUNTRY USA								
13a. FATHER'S NAME Daniel Balling				13b. MOTHER'S MAIDEN NAME Katherine Wagner		14. NAME OF HUSBAND OR WIFE XX		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No				16. SOCIAL SECURITY NO. No Record		17. INFORMANT Address Frank J. Balling, 2527 Van Brunt, KCMo		
18. CAUSE OF DEATH (Enter only one cause per line for (b), (c), and (d). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Branchio-pneumonia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral Vascular Accident DUE TO (c) Generalized Arteriosclerosis				INTERVAL BETWEEN ONSET AND DEATH 6 1/2 years				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) —				
20c. TIME OF INJURY Hour — a.m. — p.m. —		Month, Day, Year —						
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) —		20f. CITY, TOWN, OR LOCATION —		COUNTY — STATE —		
21. I attended the deceased, from 1954 , to Aug 26 1960 and last saw her alive on Aug 26 1960 Death occurred at 4:10 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE Harold V. Woods M.D.				22b. ADDRESS Independence, Mo.		22c. DATE SIGNED Aug 29 1960		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 8-29-60		23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		23d. LOCATION (City, town, or county) (State) Kansas City Mo.		
24. FUNERAL DIRECTOR Wagner Funeral Home, K. C. Mo				25. DATE RECD. BY LOCAL REG. 8-29-60		26. REGISTRAR'S SIGNATURE H. L. Dwyer		

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Harold V. Woods

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Alvin R. Harnisch

Licensed Embalmer No. 4159

P. O. Address R. E. M.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.